



**Greensboro Police Department
School Project/Research Request Form**

In cooperation with local high schools, colleges, and universities, the Greensboro Police Department has provided school project opportunities for more than twenty (20) years. This opportunity provides a safe learning environment for students to enhance their knowledge, and a greater understanding of their local police department and law enforcement agencies. Placement is based on bureau and division needs or interest. With approval from the bureau commanding officer, the Community Relations Coordinator will complete a criminal history check for each student. The student and his/her advisor will be informed of the student's acceptance or denial for placement based on the results of the local criminal background check. If the results do not meet the required standards, the request will be denied.

Student's Name: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____

Parents/Guardian: _____ Phone: _____

Advisor/Counselor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Beginning Project Date: _____

Ending Project Date: _____

Number of Hours To Be Completed: _____

School Name: _____

**Return requested information to:
Sue Davis, Community Relations Coordinator
Greensboro Police Department
P.O. Box 3136, Greensboro, NC. 27402-3136**



Greensboro Police Department School Project/Research Waiver

Name: _____
Race: _____ Sex: _____ Social Security #: _____
Date of Birth: _____ License #: _____ State: _____

BACKGROUND INVESTIGATION

As an applicant for a volunteer position with the Greensboro Police Department, you are being asked to provide information about yourself which will be used to evaluate your suitability for this type of position. You are not legally required to provide the requested information. However, if you choose not to, the Greensboro Police Department will be unable to conduct the required background investigation and will be unable to consider you for a volunteer position. I hereby authorize the Greensboro Police Department to use the information I have provided to determine my suitability as a GPD volunteer.

Signature and Date: _____

CONFIDENTIALITY AGREEMENT

I, _____, recognize that if I am accepted into the Greensboro Police Department's Volunteer Program, I may, at times, be in a position to read or come into contact with confidential, private and sensitive information in the course of my volunteer duties. I understand that this information cannot be copied, removed from the GPD, or shared with anyone other than GPD employees. I understand that a violation of this confidentiality agreement will mean immediate termination of my Greensboro Police Department volunteer status.

Signature and Date: _____



School/Research Project Ride-a-Long Agreement

Conditions of Participation

As part of my participation in the Greensboro Police Department's School Project/Research Program, the following considerations of the Ride a Long Program will apply:

- Participation in this program is a privilege and courtesy extended by the Greensboro Police Department. As such, the Greensboro Police Department reserves the right to modify, control, deny, or cancel my participation at any time.
- My participation is under the direct and complete control of the officer/employee to which I am assigned. If my behavior causes difficulty for the officer/employee to whom I am assigned, they have the prerogative to discharge me back to my assigned internship site.
- I will participate in a passenger/observer capacity only. I understand that I will not be permitted to:
 1. Take part in any police action
 2. Assist in conducting investigations as directed by department personnel to which I am assigned
 3. Operate any police vehicle
 4. Handle or possess firearms, mace, or any other police weapons or equipment (based on internship assignment)
 5. Use the communications system except in the event of extreme emergency
 6. Perform any other police task or functions (based on internship assignment)
- In as much as educational interns reflect the professionalism of the Greensboro Police Department and his/her high school, suitable dress and personal hygiene are required.

I have read and understand the above conditions of the School Project/Research Ride a Long Agreement and agree to abide by same.

Signature of Student

Date

Print Full Name: _____

Division/Bureau of Assignment: _____

Site Supervisor: Sue Davis (phone: 373-2636 or email: sue.davis@greensboro-nc.gov)

Student's Immediate Supervisor: _____